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Application Number	10/614,906
Filing Date	07/07/2003
First Named Inventor	Paul Stamets
Art Unit	1651
Examiner Name	Francisco Prats
Attorney Docket Number	PS-LifeBox

Please change the Correspondence Address for the above-identified patent application to:

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[✓] Firm or Individual Name	William R. Hyde				
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I am the:

[ ] Applicant/Inventor

[ ] Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

[✓] Attorney or Agent of record. Registration Number 35,201 .

[ ] Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number_____ .

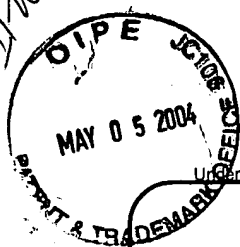| Typed or Printed Name	William R. Hyde 35,201
Signature	
Date	Telephone 509-690-1176

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

[✓] *Total of _1_____ forms are submitted.

MAY 0 5 2004

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/614,906
Filing Date	07/07/2003
First Named Inventor	Paul Edward Stamets
Art Unit	1651
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Total Number of Pages in This Submission	2	
Attorney Docket Number		PS-LifeBox

ENCLOSURES   *(Check all that apply)*

- [ ] Fee Transmittal Form
  - [ ] Fee Attached
- [ ] Amendment/Reply
  - [ ] After Final
  - [ ] Affidavits/declaration(s)
- [ ] Extension of Time Request
- [ ] Express Abandonment Request
- [ ] Information Disclosure Statement
- [ ] Certified Copy of Priority Document(s)
- [ ] Response to Missing Parts/ Incomplete Application
  - [ ] Response to Missing Parts under 37 CFR 1.52 or 1.53

- [ ] Drawing(s)
- [ ] Licensing-related Papers
- [ ] Petition
- [ ] Petition to Convert to a Provisional Application
- [x] Power of Attorney, Revocation Change of Correspondence Address
- [ ] Terminal Disclaimer
- [ ] Request for Refund
- [ ] CD, Number of CD(s) _____

- [ ] After Allowance communication to Technology Center (TC)
- [ ] Appeal Communication to Board of Appeals and Interferences
- [ ] Appeal Communication to TC **(Appeal Notice, Brief, Reply Brief)**
- [ ] Proprietary Information
- [ ] Status Letter
- [x] Other Enclosure(s) (please Identify below):
  Return Receipt Postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	William R. Hyde 35,201
Signature	*William D. Hyde*
Date	05/03/2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	William R. Hyde	
Signature	*William D. Hyde*	Date: 05/03/04